

The California State University

Your Critical Illness Insurance Benefit Guide



Act Now to Help Protect What Matters Most



The life you're building for yourself and your family is precious. Every financial decision, every first step, every milestone — these are the things that matter. Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Enrolling in coverage now is a small thing you can do to help make sure you and your loved ones keep moving forward.

In this guide, you'll find details about your group insurance options from Standard Insurance Company (The Standard) and the forms you need to start the application process. You are eligible for this coverage if you are age 64 or younger. For additional eligibility requirements, please see information on page 8.



Protection from the Unexpected

Even with medical insurance, a serious illness or accident – or even a routine stay in the hospital – can be a drain on your finances. This insurance will pay a benefit to help you pay the bills. Use the payment however you like to cover out-of-pocket medical costs and other living expenses.

Critical Illness insurance helps you manage expenses during a serious illness, such as a heart attack, stroke or cancer. Use the benefit, paid to you in a lump sum, for deductibles, copays, rent or groceries as you or a family member recovers.

Benefits You Can Apply for Now:

Critical Illness insurance

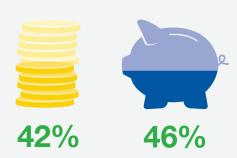
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Group Critical Illness Insurance

Help cover out-of-pocket expenses associated with a serious illness.

You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for — things like copays, deductibles, loss of income, child care and travel expenses. Group Critical Illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.



Cancer patients carry rising burdens of health care-related out-of-pocket expenses: 42 percent reported a significant subjective financial burden and 46 percent used savings to defray out-of-pocket expenses.¹

1 "The Financial Toxicity of Cancer Treatment: A Pilot Study Assessing Out-of-Pocket Expenses and the Insured Cancer Patient's Experience," The Oncologist Express, Feb. 26, 2013, theoncologist.alphamedpress.org/content/18/4/381.full



70 percent of people who had difficulty paying medical bills in 2012 had some kind of health insurance.²

2 "Medical Debt Among People With Health Insurance," Kaiser Family Foundation, 2012 National Health Interview Survey (NHIS) data, Jan. 7, 2014, http://kff.org/private-insurance/report/ medical-debt-among-people-with-health-insurance/

Help ensure your financial plans stay healthy even when you're not.

Critical Illness insurance is an affordable way to make up the difference between what your medical insurance covers and what you'd owe out of pocket if you or a family member were to be diagnosed with a covered critical illness. It's protection that's also convenient: Your premium payments are deducted directly from your paycheck.

An Extra Layer of Protection

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness. It pays a lump-sum benefit directly to you upon diagnosis of a covered illness, regardless of your treatment costs or what's covered by your medical insurance. Elect coverage in \$5,000 increments between \$5,000 and \$50,000.

With Critical Illness insurance, you can:

- Update your coverage as needed. As your life circumstances change, increase or decrease your coverage in accordance with your employer's plan.
- Lock in your rate. For example, if you're 35 when your coverage becomes effective, you'll pay a 35-year-old's rate for as long as you have the coverage. If you increase your coverage amount at age 45, you will continue to pay a 35-year-old's rate for that increased coverage amount for so long as you have that increased coverage amount.
- Take it with you. If you leave your job, you can take your coverage with you.
- Pick and choose how to spend your benefit. Spend your lump-sum benefit however you want.
- Protect your loved ones. Cover your spouse up to \$30,000, as long as it's
 not more than your benefit amount. You cannot be insured as both an
 individual (employee) and a dependent. Your kids are automatically covered
 at 50 percent of the amount elected for yourself for the same critical
 illnesses that you are. Kids are also covered for 21 additional childhood
 diseases, including cystic fibrosis, Down syndrome, muscular dystrophy,
 spina bifida and cerebral palsy.
- Receive a benefit for taking care of your health. You and your covered loved ones receive a Health Maintenance Screening benefit of \$100 twice per calendar year when visiting the doctor for a covered wellness exam, such as a cholesterol screening (part of a lipid panel) or mammogram routine preventive visits that typically cost you nothing under your medical insurance.
- Receive additional benefits. If you are diagnosed with a covered illness
 again after a treatment-free period of 12 months, you will receive
 100 percent of the original benefit amount. If you are diagnosed with a
 different and subsequent covered illness at least 90 days after the
 diagnosis of the first critical illness, you will receive an additional Critical
 Illness insurance benefit.

Chances are good that a family member, friend or colleague of yours has endured a critical illness. You may have even seen that person struggle to pay the bills. Think of Critical Illness insurance as financial peace of mind, so you don't have to choose between paying for medical bills and helping send your daughter to the college of her dreams.

Here's how it works:

John has \$15,000 of Critical Illness insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks. Diagnosis: invasive cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Critical Illness insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insurance does not cover. Things like the deductible, copays, child care, certain medications, time away from work, alternative treatments and a special diet.

Critical Illness insurance can make a big difference in your ability to pay out-ofpocket expenses associated with a serious illness that are not covered by medical insurance.

SAMPLE OUT-OF-POCKET EXPENSES

Medical insurance deductible......\$1,300

Out-of-pocket expenses
over the course of six months.....\$5,000

Lost wages...........\$4,500

Alternative treatments and diets
not covered by medical plan......\$4,500

TOTAL OUT-OF-POCKET EXPENSES.....\$15,300

CRITICAL ILLNESS BENEFIT......\$15,000

Costs are hypothetical. Actual costs will vary by state, cancer type, stage at diagnosis, treatments received and personal factors.

OUT-OF-POCKET EXPENSES.....\$300

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Severe Stroke
- Invasive Cancer
- End stage renal (kidney) failure
- Major organ failure

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass surgery
 - Non-Invasive Cancer (cancer that has not metastasized)

Initial diagnosis and initial recommendation must occur after your coverage becomes effective.

Affordable Group Rates

Because you'll be buying this insurance through The California State University, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older – meaning you'll have the same monthly payment for as long as you have your coverage.

Coverage for	Coverage Amount
You	\$5,000-\$50,000 in increments of \$5,000
Your spouse	\$5,000-\$30,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your child(ren) through age 25	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

The monthly premiums you would pay for Critical Illness insurance benefits are based on the ages of you and your spouse and whether or not you or your spouse use tobacco (including vaping tobacco). The rates below are not combined rates for you and your spouse, rather they are the rates for each of you individually. Please note that coverage can be purchased in \$5,000 increments.

Non-Tobacco Monthly Issue Age Premiums							
Coverage Amount	Age Band						
	< 30	30-39	40-49	50-59	60-64		
\$5,000	\$1.70	\$3.15	\$5.45	\$10.45	\$18.55		
\$10,000	\$3.40	\$6.30	\$10.90	\$20.90	\$37.10		
\$15,000	\$5.10	\$9.45	\$16.35	\$31.35	\$55.65		
\$20,000	\$6.80	\$12.60	\$21.80	\$41.80	\$74.20		
\$25,000	\$8.50	\$15.75	\$27.25	\$52.25	\$92.75		
\$30,000	\$10.20	\$18.90	\$32.70	\$62.70	\$111.30		
\$35,000	\$11.90	\$22.05	\$38.15	\$73.15	\$129.85		
\$40,000	\$13.60	\$25.20	\$43.60	\$83.60	\$148.40		
\$45,000	\$15.30	\$28.35	\$49.05	\$94.05	\$166.95		
\$50,000	\$17.00	\$31.50	\$54.50	\$104.50	\$185.50		

Tobacco Monthly Issue Age Premiums							
Coverage Amount	Age Band						
	< 30	30-39	40-49	50-59	60-64		
\$5,000	\$2.40	\$5.25	\$10.50	\$22.70	\$42.60		
\$10,000	\$4.80	\$10.50	\$21.00	\$45.40	\$85.20		
\$15,000	\$7.20	\$15.75	\$31.50	\$68.10	\$127.80		
\$20,000	\$9.60	\$21.00	\$42.00	\$90.80	\$170.40		
\$25,000	\$12.00	\$26.25	\$52.50	\$113.50	\$213.00		
\$30,000	\$14.40	\$31.50	\$63.00	\$136.20	\$255.60		
\$35,000	\$16.80	\$36.75	\$73.50	\$158.90	\$298.20		
\$40,000	\$19.20	\$42.00	\$84.00	\$181.60	\$340.80		
\$45,000	\$21.60	\$47.25	\$94.50	\$204.30	\$383.40		
\$50,000	\$24.00	\$52.50	\$105.00	\$227.00	\$426.00		

Important Details

Here's where you'll find the nitty-gritty details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill — at the same rate you would pay today — if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be age 64 or younger and have major medical or other minimum essential insurance that provides medical, hospital, and surgical coverage and you must also be a regular employee of The California State University, actively working in the United States, a citizen or resident of the United States, benefit eligible and one of the following:

- Appointed half-time or more for more than six months in an eligible employee category; or
- Appointed for at least six (6) weighted teaching units or more for at least one semester or two or more consecutive quarter terms in a lecturer or coach academic year position (Unit 3)

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. Coverage will be effective on the first of the month after you make your election.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Once we receive your application and you meet the Actively at Work Requirements, we will notify the State Controller's Office to commence payroll deductions. If this

notification is received by the State Controller's Office on or before the 10th of the month, your insurance will become effective on the first of the following month, otherwise there will be a delay of one month.

If you have questions, please contact your Dedicated Account Specialist at The Standard.

Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum of \$50,000 for employee and \$30,000 for spouse, if you enroll within 60 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so only during your employer's designated annual open enrollment period.

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 12-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is proximately caused by any of the following:

- · War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony
- Intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician
- · Initial diagnosis outside of the United States
- Cosmetic surgery. Cosmetic surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve your or your dependent's

appearance. This exclusion will not apply to a Critical Illness caused or contributed to by reconstructive surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to do either of the following:

- To improve function;
- To create a normal appearance to the extent possible. Reconstructive surgery includes medically necessary dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures.

Note: This exclusion will not apply to a Critical Illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you reach age 80, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, your spouse reaches age 80, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

This is a limited benefit policy.

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IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- · Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

Health Maintenance Screening

Get a Cash Benefit Each Year for Covered Wellness Exams



Regular checkups are important for the things you depend on — especially your health. You and your covered dependents will receive a cash benefit each calendar year when completing any one of the 20 tests list below. It's all part of the Health Maintenance Screening Benefit that comes with your group insurance from Standard Insurance Company.

Approved Tests:

- ✓ Abdominal aortic aneurysm ultrasound
- ✓ Ankle Brachial Index (ABI) screening for peripheral vascular disease
- √ Biopsies for cancer
- ✓ Bone density screening
- ✓ Breast ultrasound
- ✓ Cancer antigen 125 (CA 125) blood test for ovarian cancer
- ✓ Cancer antigen 15-3 (CA 15-3) for breast cancer
- ✓ Carcinoembryonic antigen (CEA) blood test for colon cancer
- √ Colonoscopy
- √ Complete Blood Count (CBC)
- √ Comprehensive Metabolic Panel (CMP)
- ✓ Electrocardiogram (EKG)
- √ Hemocult stool analysis
- √ Hemoglobin AIC
- ✓ Human Papillomavirus (HPV) vaccination
- √ Lipid panel
- ✓ Mammography
- ✓ Pap smears or thin prep pap test
- ✓ Prostrate specific (PSA) test
- ✓ Stress test on a bicycle or treadmill

Schedule your health screening test today, submit your claim and receive your cash benefit.











The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company

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Health Maintenance Screening SI 17629-D (4/16) EE



About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.